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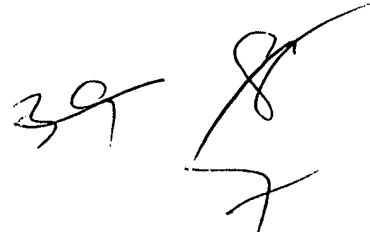
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A set of three handwritten signatures in black ink. The first signature on the left is a stylized 'ST'. The middle signature is a cursive 'SF'. The third signature on the right is a stylized 'F'.



Image

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PTO/SB/21 (08-03)

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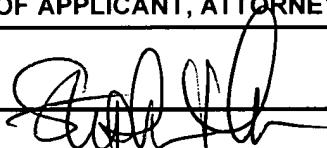
TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/941438	
	Filing Date	08/28/2001	
	First Named Inventor	DeVORE, Dale	
	Art Unit	1651	
	Examiner Name	NAFF, David M.	
Total Number of Pages in This Submission	3	Attorney Docket Number	C045 P00895-US

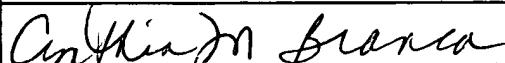
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Stephen J. Holmes Barlow, Josephs & Holmes, Ltd.
Signature	
Date	1/29/04

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**REVOCATION OF POWER OF
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Application Number	09/941,438
Filing Date	08/28/2001
First Named Inventor	DeVORE, Dale P. et al.
Art Unit	1651
Examiner Name	NAFF, David M.
Attorney Docket Number	C048 P00895-US

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

003017

Please change the correspondence address for the above-identified application to:

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OR

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name Dale P. DeVore

Signature Dale P. DeVore

Date January 28, 2004 Telephone 401-273-4446

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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REVOCATION OF POWER OF
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Application Number	09/941,436
Filing Date	08/28/2001
First Named Inventor	DeVORE, David P. et al.
Art Unit	1851
Examiner Name	NAFF, David M.
Attorney Docket Number	CO48 P00095-US

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.

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 I hereby appoint the practitioners associated with the Customer Number: 003017 Please change the correspondence address for the above-identified application to: The address associated with
Customer Number: 003017

OR

 Firm or
Individual Name

Address

Address

City

State

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Country

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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name Peter CiancametaroSignature Peter CiancametaroDate 1/28/04 Telephone 401-273-4445

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